Patient Financial Responsibility Disclosure Statement

Your signature below forms a binding agreement between Bryan Vision Associates (BVA) and the Patient who is receiving services and materials, or the Responsible Party for minor patients (those under 18 years old). Responsible Party is the individual who is financially responsible for payment of medical bills and materials.

All charges for services rendered are due and payable at the time of service.

VISION & MEDICAL INSURANCE: We have contracts with many insurance companies and we will bill them as a service to you. As the responsible party you are responsible if your insurance company declines to pay for any reason.

The person signing on behalf of the Patient as the Responsible Party must:

-Inform BVA of the current address and phone number for the patient and the responsible party.

-Present all current insurance cards prior to each visit. All our insurance contracts contain Timely Filing clauses and we are unable to bill your insurance company if you provide your insurance information AFTER your visit.

-Verify at each visit that the insurance information is current by signing our data sheet.

-Pay any required copay at the time of the visit.

-Pay any additional amount owing within 30 days of receiving a statement from our office. (When BVA receives and Explanation of Benefits (EOB) from your insurance company any amount that is your responsibility will be billed to you)

Returned Check Policy

If a payment is made on an account by check and the check is returned as Non-sufficient Funds (NSF) or Account Closed (AC) the patient or Responsible Party will be responsible for the original check amount in addition to a $35.00 Service Charge. Once notice is received of the returned check BVA will send out a letter to notify the Responsible Party of the returned check. If a response is not made within 15 days the account may be turned over to our collection agency.

Non-Payment of Account

Should collection proceedings or other legal action become necessary to collect an overdue account the patient or the patient's Responsible Party understands that BVA has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The patient or the patient's Responsible Party understands that they are responsible for all costs of collection including, but not limited to, interest due , all court costs and Attorney fees, and a collection fee will be added to the outstanding balance.

By signing below you agree to accept full financial responsibility as a patient who is receiving medical and vision services and materials, or as the Responsible Party for the minor patient. Your signature verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms.

Patient Name (Please Print) _____

Patient Signature _____ Date _____

Responsible Party Name (Please Print) _____

Responsible Party Signature _____